

511147 AUG 13 2010
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AUG 16 2010
BL. & Mobile Source Monitoring

HUMAN CREMATORY AIR GENERAL PERMIT REGISTRATION FORM

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

0170024-007

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): _____
- No air operation permits currently exist for this facility.

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

C. Lyman Strickland

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

Strickland Funeral Home Crematory

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: 1901 S. hwy 19

City: Crystal River

County: Citrus

Zip Code: 34429 - 9011

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility)

N/A

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: C. Lyman Strickland , Owner, Licensed Funeral Director

Owner/Authorized Representative Mailing Address

Organization/Firm: Strickland Funeral Home

Street Address: 1901 S. hwy 19

City: Crystal River

County: Citrus

Zip Code: 34429

Owner/Authorized Representative Telephone Numbers

Telephone: 352-795-2678

Fax: 352-795-4140

Cell phone (optional): 352-697-0097

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title:

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

Cell phone (optional):

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

I will promptly notify the Department of any changes to the information contained in this registration form.


Signature

08-11-2010
Date

* ADDENDUM TO # 0170024-007

PAGE 9 ORIGINALLY MISSING (NOT SUBMITTED)

Design Calculations

If this is an initial registration for a proposed new human crematory unit, provide design calculations to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees F.

- Manufacturer's design calculations attached.
- Registration is not for proposed new human crematory unit(s).

Description of Facility

Below, or as an attachment to this form, provide a description of all crematory operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

The unit is a Matthews model IE43-M-94 Human Cremation Incinerator. This unit is designed to incinerate Human Remains at an average rate of 150 Lbs. an hour. The incinerator consists of primary and secondary (afterburner) chambers each fired on Natural Gas.

Emissions are controlled by the afterburner, which maintains a minimum secondary chamber combustion zone temperature of 1600 F prior to and during combustion of material in the primary chamber. The secondary chamber volume is designed to provide at least a one second residence time at a gas temperature of 1800 F. The secondary chamber is continuously monitored and recorded.

The pollution monitoring system is an opacity monitor. It is a two piece device used to monitor and ensure the clarity and quality of the exhaust gases before they enter the vent stack. The two pieces, one on either side of the vent stack, consist of a transmitter, which has a light source which shines through the vent stack to the second piece, the receiver, which is a receiving lens. If a potential pollution condition should arise the opacity monitor will detect it and take necessary measures to correct the potential condition immediately.

Dibble, Dickson

From: Strickland Funeral Home [stricklandfh@tampabay.rr.com]
Sent: Thursday, August 19, 2010 11:25 AM
To: Dibble, Dickson
Subject: Pg 9 DEP
Attachments: dep pg 9.bmp

this is page 9 information that was missing from my packet mailed to you. C. Lyman Strickland

Dibble, Dickson

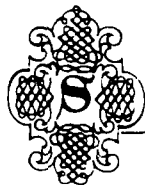
Subject: Processed AIRS ID# 0170024-007, STRICKLAND FUNERAL HOME dba STRICKLAND FUNERAL HOME & CREMATORY, 1901 SE US HWY 19, CRYSTAL RIVER, FL 34429-9011
Location: HUMAN CREMATORY-Crystal River
Start: Wed 8/18/2010 12:00 AM
End: Thu 8/19/2010 12:00 AM
Show Time As: Free
Recurrence: (none)
Categories: PENDING

PENDING

08/18/10-1148 hrs, called for Mr. C Layman Strickland, but he was not available according to male receptionist. Left message regarding missing page 9 of the form including the Description of Facility portion. Relayed that we need the following:

- 1) Make
- 2) Model #
- 3) # of chambers (primary/secondary)
- 4) Fuel burned (NG, LP, Diesel, ?)
- 5) Operating temps primary/secondary chambers and residence time
- 6) Burn rate in lbs/hr
- 7) Control devices such as temp. monitor/recorder; opacity monitor etc

Will send info via e-mail later today.



Charles R. Strickland, P. H.
Strickland Funeral Home

P.O. Box 398 • Crystal River, Florida 34423

GAINESVILLE FL 326

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FDEP RECEIPTS
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070

